

## Telephone Script for Contacting Nursing Homes and Intermediate Care Facilities and Individuals on the Request for Services Registry to Schedule Validation Visits

Hello. My name is \_\_\_\_\_ and I am calling on behalf of the Office for Citizens with Developmental Disabilities. OCDD is in the process of updating requests for home and community based supports and services.

According to our records, \_\_\_\_\_ lives at {name of facility} and we would like to meet with {him/her}, {his/her} family and/or {his/her} legal guardian to update {his/her} request for home and community based supports and services.

Are you the person who can put me in touch with \_\_\_\_\_, {his/her} family and/or legal guardian?

### IF YES

Could you please tell me how to telephone the individual and his/her family and/or legal guardian so that I can make arrangements to meet with them? [If no legal guardian]: We will need a witness while we meet with \_\_\_\_\_. Can you give us the name and phone number of someone who could be a witness? [See on side & contact witness after scheduling meeting with individual] Does your facility require any special arrangements when people come for meetings like this? For example, do we need to reserve a room for privacy during the meeting? Or are there times when a meeting would disrupt the person's regular routine, like missing an important medical procedure or during meal times

Thank you for your time. I appreciate your help.

### IF NO

May I please talk to that person?

[Then go to dialogue in box on left when the right person is on the phone]

**CALL SUGGESTED WITNESS:** Hello, my name is \_\_\_\_\_ and I represent OCDD. \_\_\_\_\_ (name of person @ facility) gave me your contact information and said that you could act as a possible witness for \_\_\_\_\_ (individual's name) when we meet with them to discuss OCDD program information at \_\_\_\_\_ (facility name) on \_\_\_\_\_ (scheduled date/time). Would you be willing to do this? **[IF YES: DOCUMENT NAME & PHONE NUMBER IN LAST BOX; IF NO: FIND ANOTHER WITNESS; CALL FACILITY BACK IF YOU CANNOT FIND ANOTHER WITNESS; REPEAT SCRIPT IN THIS BOX WITH EACH POSSIBLE WITNESS]**

### [CALL THE LEGAL GUARDIAN/AUTHORIZED REPRESENTATIVE/INDIVIDUAL (IF NO LEGAL GUARDIAN)]

Hello. My name is \_\_\_\_\_ and I am calling on behalf of the Office for Citizens with Developmental Disabilities. OCDD is in the process of checking with people who are waiting for additional supports and services that are made available to people who are living in an apartment or house, alone, or with other people. Right now, the Office is reviewing the list or the "Registry" of people who have requested the New Opportunities Waiver.

You are [or name of person is] \_\_\_\_\_ on the list and we would like to meet with you [and your family OR legal guardian] OR (name of person)} \_\_\_\_\_ in person so that we can talk with you about the New Opportunities Waiver and find out whether or not it is something that you [or name of person] want, should an opportunity become available.

Can you give me the best time and place to meet with you? When we meet, we will talk more about what services and supports are available through the New Opportunities Waiver. The meeting will take about \_\_\_\_ (minutes) and \_\_\_\_\_ [name of family member/legal guardian] will be there with you and whoever [name or person] you want to have present.

Who would you like to participate in the meeting with you? \_\_\_\_\_

**[SCHEDULE MEETING DATE/TIME/PLACE]** \_\_\_\_\_

Thank you. I look forward to meeting you in person. I will see you on [repeat date/time/place].

**NAME & CONTACT INFO OF WITNESS (IF NEEDED):** \_\_\_\_\_